

CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF MISSISSIPPI

10-03698

CASE NO. \_\_\_\_\_

Debtor John Michael Dudley SS# xxx-xx-4488 Current Monthly Income \$ 3,603.00  
Joint Debtor N/A SS# \_\_\_\_\_ Current Monthly Income \$ \_\_\_\_\_  
Address 340 Arbor Drive Apt 1146 Ridgeland, MS 39157 No. of Dependents 1  
Telephone No. 601-842-8397 TAX REFUNDS AND EIC FOR DISTRIBUTION: N/A

**THIS PLAN DOES NOT ALLOW CLAIMS.** Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$ 168.00 per ( bi-weekly ) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

DSI Renal, Inc.  
424 Church Street Suite 1900  
Nashville, TN 37219

**PRIORITY CREDITORS.** Filed claims that are not disallowed to be paid in full: IRS \$ 0.00 @ \$ 0.00 /mo  
State Tax Commission \$ 0.00 @ \$ 0.00 /mo Other \$ 0.00 @ \$ 0.00 /mo

**DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:**

Leslie Dudley  
306 White Oak Drive  
Brandon, MS 39047

beginning in the amount of \$ 414.00 per month shall be paid:  
X direct \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:**

-NONE-

in the amount of \$ shall be paid \$ per month:  
\_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**HOME MORTGAGE(S)**

MTG PMTS TO: -NONE- BEGINNING \_\_\_\_\_ @\$ \_\_\_\_\_ PLAN DIRECT  
MTG ARREARS TO: -NONE- THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @\$ \_\_\_\_\_ /MO\*  
(\*Including interest at %)

**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1326(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
<u>-NONE-</u>				%		

**SPECIAL CLAIMANTS.** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
<u>Region Bank</u>	<u>House &amp; Lot</u>	<u>\$142,000.00</u>	<u>Abandon Pay -0-</u>

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments: -NONE-

**UNSECURED DEBTS** totaling approximately \$ 17,800.00 are to be paid in deferred payments to creditors that have filed claims that are not disallowed: X IN FULL or 100 % (PERCENT) MINIMUM. 10-03698

Total Attorney Fees Charged \$ 2,800.00  
Attorney Fees Previously Paid \$ 1,026.00  
Attorney fees to be paid through the plan \$ 1,774.00

Pay administrative costs and debtor's attorney fees  
Pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent  
N/A

Attorney for Debtor (Name/Address/Phone # / Email)  
William W. Stover, Jr. MS Bar 8885  
775 East Fortification Street  
Jackson, MS 39202

Telephone/Fax \_\_\_\_\_

Telephone/Fax 601-949-5000/601-949-7872  
E-mail Address wes@wesstover.com

DATE: 10/8/2010

DEBTOR'S SIGNATURE  
JOINT DEBTOR'S SIGNATURE  
ATTORNEY'S SIGNATURE

/s/ John Michael Dudley  
/s/ William W. Stover, Jr.